

Registered pharmacy inspection report

Pharmacy Name: Boots, Unit D; The Shires Retail Park, LEAMINGTON SPA, Warwickshire, CV34 6RH

Pharmacy reference: 1085117

Type of pharmacy: Community

Date of inspection: 05/01/2023

Pharmacy context

This is a community pharmacy situated in a busy retail park in Leamington spa, Warwickshire. Its main activity is dispensing NHS prescriptions. It sells a range of over-the-counter medicines and supplies medicines in multi-compartment compliance packs to a couple of people living in the community. The pharmacy offers a prescription delivery service.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has safe and effective working practices. It has written procedures to help deliver its services safely. And it keeps the records it needs to by law, to show that medicines are supplied safely and legally. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information safely and its team members know how to protect vulnerable people.

Inspector's evidence

The correct responsible pharmacist (RP) notice was on display and members of the pharmacy team could describe the tasks they could or could not undertake in the absence of a pharmacist. The pharmacy had a range of current standard operating procedures (SOPs). The RP who had recently joined the branch was in the process of reading and signing the SOPs.

The pharmacy had systems to record dispensing incidents. Near misses (dispensing mistakes which were identified before the medicine was handed out to a person) and dispensing errors (mistakes that had been identified after people received their medicines) were recorded and reviewed. The RP explained that the pharmacy's dispensing mistakes had decreased since the installation of a new IT system. Higher-risk medicines and medicines with similar names, such as quetiapine and quinine and valproate had been highlighted and separated to minimise the chances of picking errors.

The pharmacy had current indemnity insurance. Records about controlled drugs (CDs), RP and private prescriptions were kept in line with requirements. A random balance check of a CD showed that the quantity of stock in the cabinet matched the recorded balance in the register. Running balances of CDs were kept and audited weekly. A separate register was used to record patient-returned CDs.

The pharmacy had a complaints procedure and it encouraged people to give feedback about the quality of service received. The RP said that the store manager would always endeavour to resolve any complaints locally and would escalate to the pharmacy's head office where appropriate. The pharmacy's fair data processing notice was on display and completed prescriptions in the retrieval system were stored securely. No person identifiable information was visible to the public. Confidential waste was separated from general waste, and this was taken away for secure destruction centrally. Members of the pharmacy team were aware of the need for confidentiality, and they had completed appropriate training. And they used their own NHS smartcards to access electronic prescriptions.

The pharmacy had procedures about protecting vulnerable people and the RP had completed level 2 safeguarding training. Members of the pharmacy team were aware of the Ask for ANI (action needed immediately) initiative to help people suffering from domestic abuse access a safe space. And the information about domestic abuse was prominently advertised in the pharmacy. Details of local agencies to escalate any safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just about enough team members to manage its current workload adequately. Members of the pharmacy team work well together, and they can raise concerns or make suggestions to help improve the pharmacy's services. And they have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the pharmacy team consisted of a pharmacist, a store manager (from another branch) who was a trained dispenser, and a trainee dispenser. Members of the pharmacy team worked well together, and they were managing their workload adequately. The RP was kept very busy throughout the inspection and she said that the pharmacy's store manager who was on a day off, was a qualified dispenser and supported the team very well.

Members of the pharmacy team were supported with on-going training to help keep their skills and knowledge up to date and they were given time where possible during working hours to help complete their training. A whistle blowing policy was available in the pharmacy and team members felt supported to raise any concerns or make suggestions to improve the pharmacy's services. The team did not feel patient safety or the team's professional judgements were compromised by targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe and adequately maintained. And people visiting the pharmacy can have a conversation with a team member in private.

Inspector's evidence

The pharmacy's front fascia and its public-facing areas were adequately maintained. The dispensary had very limited space but it was adequately organised to allow safe working. On the day of the visit, the workbenches were full of dispensed medicines awaiting the final accuracy check.

A private, signposted consultation room was available for services and to enable people to have a private conversation with a team member. The sink in the dispensary was clean and it had a supply of hot and cold running water. There was adequate lighting throughout the premises and the room temperatures were suitable for storing medicines safely. Members of the pharmacy team had access to clean hygiene facilities. The pharmacy was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services well to ensure people get appropriate care and support to manage their medicines safely. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from licensed wholesalers, and it stores them appropriately. Members of the pharmacy team take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy had automated doors and its entrance was step-free. Its opening hours and the services it offered were well advertised in-store. There was seating available for people waiting for services. Members of the pharmacy team used their local knowledge to signpost people to other providers where appropriate. And they demonstrated good rapport with people visiting the pharmacy. The pharmacy offered a prescription delivery service and people signed to acknowledge receipt of their medicines.

Members of the pharmacy team used containers to minimise the risk of medicines getting mixed up. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The workflow in the dispensary was adequately organised.

Members of the pharmacy team used laminated cards when dispensing higher-risk medicines such as lithium, methotrexate, warfarin, paediatric prescriptions and CDs, so that the pharmacist could provide additional advice to people when these were handed out. And staff knew about the Pregnancy Prevention Program for people in the at-risk group who were prescribed valproate-containing medicines. The pharmacy had appropriate leaflets and information to be provided when supplying these medicines to people in the at-risk group. The RP said that relevant parameters such as INR were generally checked and recorded when supplying higher-risk medicines such as warfarin. Clear bags were used for dispensed CDs and temperature-sensitive medicines to help team members identify and query any items with people at hand-out.

The pharmacy ordered its stock medicines from licensed wholesalers, and they were stored tidily on the shelves. No extemporaneous dispensing was carried out. Pharmacy-only medicines were restricted from self-selection. The pharmacy did not sell codeine linctus over the counter. Stock medicines were date checked at regular intervals and when medicines were checked randomly during the inspection, no date-expired medicines were found amongst the in-date stock. Liquid medicines with limited stability were marked with opening dates to ensure they were fit for purpose when supplied to people.

Temperature-sensitive medicines were stored appropriately, and the maximum and minimum temperatures of the fridge was recorded daily. The records showed that the temperatures had been maintained within the required range of 2 and 8 degrees Celsius. All CDs were stored correctly in the CD cabinet. Access to CD keys was managed appropriately. The pharmacy had denaturing kits available to dispose of waste CDs safely. Members of the pharmacy team knew that prescriptions for CDs not requiring secure storage such as pregabalin, had a 28-day validity period. And stickers were used to mark such prescriptions to minimise the risk of inadvertently supplying these beyond their validity period.

The pharmacy had a process to deal with safety alerts and medicine recalls making sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And team members use the equipment in a way that protects people's privacy and dignity.

Inspector's evidence

Members of the pharmacy team had access to up-to-date reference sources. There was a range of clean crown-stamped measures, with separate marked measures used for certain liquids. Equipment for counting loose tablets and capsules was clean. And a separate triangle was used for cytotoxic medicines. Medicine containers were capped to prevent cross-contamination. The pharmacy's computers were password protected and computer terminals were not visible to people visiting the pharmacy. Hand-sanitising gel was available on the medicine's counter and in the dispensary for team members and for people visiting the pharmacy. All electrical equipment appeared to be in good working order, and it was PAT tested annually.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.